Overview Quality Strategies and Pay for Performance

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IOM Health Literacy Roundtable
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Today’s Discussion

- The quality problem
- Quality improvement strategies
- Pay for performance (P4P)
- The role of consumerism
- Some potential strategies to address health literacy in the context of quality improvement and P4P
The Quality Problem

§ The U.S. health care systems is the most expensive in the world

§ ... and in return for that vast outlay of funds it delivers inconsistent quality and poor health outcomes relative to other advanced counties. (infant mortality, disability adjusted life expectancy, etc.)
Poor Quality and High Cost - 30% to 40% Waste

- **Under use**
  - 50% of elderly fail to receive pneumococcal vaccine
  - 50% of heart attack victims fail to receive beta blockers

- **Overuse**
  - 30% of children receive excessive antibiotics for ear infections
  - 20% to 50% of many surgical operations are unnecessary
  - 50% of X-rays in back pain patients are unnecessary

- **Misuse**
  - 7% of hospital patients experience a serious medication error
  - 44,000 to 98,000 Americans die in hospital each year due to injuries from care

- **Administrative Waste**

- **Process Waste**

Berwick, 2004 and Bradley, 2007

<table>
<thead>
<tr>
<th>Type of Care</th>
<th># of Indicators</th>
<th>% Receiving Recommended Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall care</td>
<td>439</td>
<td>54.9%</td>
</tr>
<tr>
<td>Preventive</td>
<td>38</td>
<td>54.9%</td>
</tr>
<tr>
<td>Acute</td>
<td>153</td>
<td>53.5%</td>
</tr>
<tr>
<td>Chronic</td>
<td>248</td>
<td>56.1%</td>
</tr>
<tr>
<td>Screening</td>
<td>41</td>
<td>52.2%</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>178</td>
<td>55.7%</td>
</tr>
<tr>
<td>Treatment</td>
<td>173</td>
<td>57.5%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>47</td>
<td>58.5%</td>
</tr>
</tbody>
</table>

Source: NEJM 348:26, Rand study

IOM: “What is perhaps most disturbing is the absence of real progress toward restructuring health care systems to address both quality and cost concerns, or toward applying advances in information technology…”
### Does It Matter If Recommended Care is Received?

<table>
<thead>
<tr>
<th>Condition</th>
<th>What We Found</th>
<th>Preventable Complications/Deaths (Annual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Blood sugar not measured for 40%; 24% uncontrolled</td>
<td>2,600 blind; 29,000 kidney failure</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Blood pressure uncontrolled in 58%</td>
<td>68,000 deaths</td>
</tr>
<tr>
<td>Heart attacks</td>
<td>39-55% did not receive needed medications</td>
<td>37,000 deaths</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>36% no vaccine</td>
<td>10,000 deaths</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>62% not screened</td>
<td>9,600 deaths</td>
</tr>
</tbody>
</table>

Robert Brook, Rand, Presentation September, 2004, Pittsburg, PA
<table>
<thead>
<tr>
<th>Selected measures</th>
<th>Avoidable deaths</th>
<th>Avoidable costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure control</td>
<td>10,600-29,600</td>
<td>$333 million-$922 million</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>7,300-11,100</td>
<td>$848 million-$872 million</td>
</tr>
<tr>
<td>HbA1c control - diabetes</td>
<td>7,400-15,000</td>
<td>$1.4 billion-$1.6 billion</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>100-700</td>
<td>$42 million-$94 million</td>
</tr>
<tr>
<td>Total (more than above 4)</td>
<td>37,600-81,000</td>
<td>$2.9 billion-$3.9 billion</td>
</tr>
</tbody>
</table>

NCQA, State of Health Care Quality, 2006
Coronary Heart Disease and Diabetes-Related Mortality, by Race/Ethnicity and Education Level, 2003

Age-adjusted per 100,000 population

**Coronary heart disease deaths**
- **U.S. National**: 172
- **White**: 171
- **Black**: 223
- **Hispanic**: 139
- **Asian/PI**: 99
- **AI/AN**: 120
- **Less than high school**: 104
- **At least some college**: 32

**Diabetes-related deaths**
- **U.S. National**: 78
- **White**: 70
- **Black**: 138
- **Hispanic**: 96
- **Asian/PI**: 58
- **AI/AN**: 109
- **Less than high school**: 63
- **At least some college**: 17

* Total of 43 reporting states and D.C. for people ages 25–64.
PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006
Low Health Literacy Leads to Worse Health Outcomes

- Higher emergency department use
- More Hospitalizations
- Worse self-reported physical health and limitations in activities of daily living
- Higher mortality, especially CV disease
- These associations are not spurious

- Causal association likely, pathways unclear

The Causal Pathways Leading to this Association are Complex

- Worse knowledge
- Worse self-management skills
- Lower use of preventive care
- Medication errors
- Worse access, delays in seeking care?
- Cognitive function?

Quality Improvement Strategies (Including Pay for Performance)
“The American health care delivery system is in need of fundamental change. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”
Recommendations: IOM Crossing the Quality Chasm

- Commit to reducing the burden of illness, injury and disability and to improve the health and functioning of the people of the U.S.
- Should pursue the six aims: safe, timely, equitable, efficient, effective and patient centered care.
Recommendations: IOM Crossing the Quality Chasm

- Adopt a set of principles to guide the redesign of care processes
  1. Continuous healing relationships
  2. Customization based on patient needs & values
  3. Patient as source of control
  4. Shared knowledge/free flow of information
  5. Evidenced-based decision making
  6. Safety as system property
  7. Transparency
  8. Anticipation of patient needs
  9. Continuous decrease in waste
  10. Cooperation among clinicians
Recommendations: IOM Crossing the Quality Chasm

$ Adopt a set of priority conditions upon which to focus initial efforts (*includes cross cutting priorities - care coordination and patient self management including health literacy)

$ Design and implement more effective organizational support processes to make change in the delivery of care possible
  $ Redesign based on best practices
  $ Use of information technology
  $ Knowledge and skills management
  $ Teams
  $ Coordination of care
  $ Performance and outcomes measurement

*Priority Areas for National Action, Institute of Medicine, 2003
Recommendations: IOM Crossing the Quality Chasm

§ Create an environment that fosters and rewards improvement by -

§ creating and infrastructure to support evidence based practice

§ facilitating the use of information technology

§ aligning payment incentives

§ preparing the workforce to better serve patients
Additional Quality Strategies

- Improve access to care
- Improve health promotion and disease prevention
- Develop and deploy supply sensitive care strategies
- Establish a culture of quality and safety in delivery of care settings
- Standardize chaotic health care processes so that advanced process improvement can be deployed
- Increase reliability of care and care processes
Additional Quality Strategies

- Establish interoperable health information technologies
- Measure and report quality of care for all six aims
- Deploy decision support techniques for patients
- Develop and deploy preference sensitive care strategies
- Use Incentives and rewards (P4P)
- Fundamental payment reform
Pay for Performance
Medvantage Survey on P4P

- 107 active P4P program sponsors covering 53 million Americans as of 2005 estimated to grow to more that 160 by 2008 covering more than 85 million.
- More that 95% of programs target primary care doctors, 52% specialists, and 1/3 hospitals
- 64% reward individual physicians
- ¾ths provide feedback reports, only 1/3 publicly report results for patient use

Medvantage Survey on P4P

§ Clinical measures of quality are the primary focus (80% from HEDIS, homegrown measures are used in 50% of programs)
§ Efficiency measures are used in 50% of programs
§ Use of EMRs, electronic prescribing and patient registries are rewarded in 42% of programs

Other Efforts Related to Incentives

- Recent IOM Reports on Performance Measurement, QIO performance and Provider Incentives for CMS
- AQA and HQA Alliances (standardized measures and collection of data)
- Bridges to Excellence
- Integrated Health Care Association
- Medicare (CMS pilots)
- Many Health Plans – HealthPartners since 1996

The Role of Consumerism
“Do not do unto others as you would that they should do unto you. Their tastes may not be the same.”

--George Bernard Shaw
Preference Sensitive Decisions

- Treatment choices with multiple viable options
- Involves tradeoffs for patient (risk/benefit ratio depends on patient preferences)
- Guidelines won’t work - different strokes for different folks
Shared Decision Making

- A phone-based service to help you make treatment decisions that are “best for you,” in collaboration with your doctor
  - Education about the condition
  - Clarification of your preferences and values
  - Exploring the treatment options, with pros and cons
  - Coaching through decisional conflict
  - Facilitating improved patient-doctor communication
Ottawa Personal Decision Guide

**Decision:** What decision do you face? When do you need to make a choice? How far along are you with making a choice? (not thought about options, thinking about options, close to making a choice, already made a choice)

**Certainty:** Are you leaning toward one option? (No, Yes, which one?)

**Knowledge:** Do you know which options are available to you? (No, Yes)

**Values:** Are you clear about which benefits and risks matter most to you? (No, Yes)

A. In the balance scale below, list the options main benefits and risks that you already know.
B. Underline the benefits and risks that you think are most likely to happen.
C. Use stars (*) to show how much each benefit / risk matters to you: 5 stars means it matters ‘a lot’, No star means ‘not at all’.

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Benefits (reasons to choose this option)</th>
<th>How much it matters (%)</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Option 2</th>
<th>Benefits (reasons to choose this option)</th>
<th>How much it matters (%)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 3</th>
<th>Benefits (reasons to choose this option)</th>
<th>How much it matters (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Support:** What role do you prefer in making your choice? (I prefer to share the decision with, I prefer to decide myself after hearing the views of, I prefer that someone else decides. Who?)

Do you have enough support and advice from others to make a choice? (No, Yes)

Are you choosing without pressure from others? (No, Yes)

Who else is involved? (name)

Which option does this person prefer? (No, Yes)

Is this person pressuring you? (No, Yes)

How can this person support you? (No, Yes)

**Next Steps:** This section suggests some next steps based on your needs. Check any items you would like to try.

**Knowledge (If you feel you do not have enough facts):**
- List your questions
- Note where to find answers (e.g. library, health professionals, counsellors)

**Values (If you are not sure what matters most to you):**
- Review stars in the balance scale to see what matters to you
- Find people who know what its like to experience the benefits and risks
- Talk to others who have made the decision
- Read stories of what mattered most to others
- Discuss with others what matters most to you

**Other Plans:**
- Describe


[http://www.ohri.ca/decisionaid](http://www.ohri.ca/decisionaid)
<table>
<thead>
<tr>
<th>Transplant or ongoing treatment</th>
<th>Hip or knee surgery or med. treatment</th>
<th>Continue or change med. regimen</th>
<th>Retirement or continue working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric surgery or diet/exercise</td>
<td>Foot surgery or treatment at wound clinic</td>
<td>Surgery or pain management program</td>
<td>Stay or leave stressful living situation</td>
</tr>
<tr>
<td>Back surgery or non-surgical treatment</td>
<td>BMT or chemotherapy or no treatment</td>
<td>Hospice or continue treatment</td>
<td>Select new MD or keep current MD</td>
</tr>
<tr>
<td>Pacemaker placement or medication</td>
<td>Discontinue BP meds or reduce dosage</td>
<td>Smoking cessation or smoking</td>
<td>Home or asst living or nursing home</td>
</tr>
</tbody>
</table>
Shared Decision Making: The Outcomes

- Patients make better decisions and have a more positive experience
  - Increased satisfaction with
    - Decision
    - Care
    - Physician
  - Leads to change in treatment plan in 10-50% of cases (especially when built into the process of care)
- Good clinical outcomes and functional status
Potential Health Literacy Strategies

- Work with other organizations to develop and share best practices
- Encourage and support community initiatives such as the development of standardized templates and communications for simple consent forms, medication labels, and other health information
- Build staff awareness
- Conduct staff training
- Staff development in cultural competency
- Create policy to adopt and apply principles for clear and easy to use written communication
- Create policy to assess reading level of all communications created for members and patients
- Develop process for consumer review to evaluate understandability of materials, programs etc.
Potential Health Literacy Strategies

- Create communication tailored to individual needs (e.g. patient instructions, consent forms, medication information, health content)
- Implement robust patient information for distribution via internet
- Develop consumer campaign on their role as consumers
- Develop new methods for patient and health education (graphics, video, etc.)
- Continue to develop and deploy language assistance
- Continue to develop and implement translations strategies
- Consumer decision support
- Reward providers for implementing effective health literacy strategies